

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tim Lukenda**

Mailing Address 111 West Michigan Street

City State Zip Code  
 Milwaukee WI 53203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Extendicare Health Services

Occupation  
 President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2015

**Transaction ID : C2933998**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. R. Peter Madel Jr.**

Mailing Address 108 8th St NW

City State Zip Code  
 Waseca MN 56093-1912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Lake Shore Inn Nursing Home

Occupation  
 CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 18 / 2015

**Transaction ID : C2939953**

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**C. Christian Mason**

Mailing Address 4 Monroe Parkway  
 Suite I

City State Zip Code  
 Lake Oswego OR 97035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Senior Housing Management, LLC

Occupation  
 CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2015

**Transaction ID : C2935405**

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2775.00